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Fill in this informat	tion to identify your case:	
Debtor 1	Choon H. Kwon	
Debtor 2 (Spouse, if filing)	Chong U Kwon	
United States Ban	kruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number	2:13-bk-60091	Check if this is:
(If known)		■ An amended filing □ A supplement showing post-petition chapter 13 income as of the following date:
Official Fo	rm B 6I	MM / DD/ YYYY
Schedule	I: Your Income	12/1

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

12/13

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Warehouse Order Selector **Machine Operator** Include part-time, seasonal, or Employer's name **Embroidery Design Group, LLC** The Kroger Co. self-employed work. **Employer's address** Occupation may include student 1014 Vine St. 2564 Billingsley Rd. or homemaker, if it applies. Cincinnati, OH 45202 Columbus, OH 43235 How long employed there? 9 months 3.5 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,787.50 5,865.26 2. 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 +\$ 3. Calculate gross Income. Add line 2 + line 3. 5,865.26 1,787.50

Official Form B 6I Schedule I: Your Income page 1

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Debtor 2	Chong U Kwon		Ca	ase number (if known)	2:13	-bk-60091	
			F	For Debtor 1		Debtor 2 or	
Cor	by line 4 here	4.	9	5,865.26	non \$	-filing spouse 1,787.50	
•					_	,	
	all payroll deductions:	_			•		
5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.			\$ \$	260.00	
5b. 5c.	Voluntary contributions for retirement plans	5c.			- \$	0.00	
5d.	Required repayments of retirement fund loans	5d.			\$	0.00	
5e.	Insurance	5e.			\$	0.00	
5f.	Domestic support obligations	5f.	9		\$	0.00	
5g.	Union dues	5g.	9	36.60	\$	0.00	
5h.	Other deductions. Specify: HSA	5h			. —	0.00	
	Life	_	9		\$	0.00	
	Excess Life PAI 11	_	9		\$ \$	0.00	
	Vol. Life		9		э \$	0.00	
6. Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	– 6.	\$		Ψ_ \$	260.00	
	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	-	Ψ \$	1,527.50	
	all other income regularly received:		Ψ	4,020.44	Ψ_	1,027.00	
8a. 8b. 8c.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8a. 8b.			\$ 	0.00 0.00	
	regularly receive						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	9	0.00	\$	0.00	
8d.	Unemployment compensation	8d.			\$	0.00	
8e.	Social Security	8e.	9	0.00	\$	0.00	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	9	0.00	\$	0.00	
8g.	Pension or retirement income	8 g.			\$	0.00	
8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	0.00	
9. Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00]
	culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	5	4,020.44 + \$	1,5	527.50 = \$	5,547.94
Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not ecify:	depe				Schedule J. 11. +\$	0.00
	I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies						5,547.94
13. Do :	you expect an increase or decrease within the year after you file this form	?				Combine monthly	ed income
	No. Yes. Explain: NONF						1

Fill	in this inform	ation to identify yo	our case:					
Debt	tor 1	Choon H. Kv	von			Ch	eck if this is:	
							An amended filing	
	tor 2	Chong U Kw	on					wing post-petition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unite	ed States Bank	ruptcy Court for the:	SOUTH	IERN DISTRICT OF OHIC	<u> </u>		MM / DD / YYYY	
	e number 2 nown)	:13-bk-60091					A separate filing for 2 maintains a separate	or Debtor 2 because Debtor arate household
Of	fficial Fo	orm B 6J						
Sc	chedule	J: Your l	_ Exper	ises				12/13
info	ormation. If r		eded, attary questio	. If two married people a ach another sheet to this n.				
1.	Is this a joi							
	☐ No. Go t	o line 2.						
	Yes. Do	es Debtor 2 live	in a separ	ate household?				
	□ <i>/</i>		st file a sep	parate Schedule J.				
2.	Do you hav	ve dependents?	□ No					
	Do not list I	Debtor 1	Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state dependents	e the			Daughter		23	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes
	expenses of yourself are t2: Estin	penses include of people other the d your dependent nate Your Ongoin expenses as of your	han nts? □ ng Month	No Yes ly Expenses uptcy filing date unless y	ou are using this for	n as a	supplement in a Ch	☐ Yes
exp		a date after the l						of the form and fill in the
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i>			Your exp	enses
4.		or home owners and any rent for the		nses for your residence. I or lot.	nclude first mortgage	4.	\$	1,300.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
	•	erty, homeowner's				4b.	\$	15.00
		e maintenance, re				4c.		25.00
5		eowner's associat			mo oquity loops	4d.	· -	0.00
5.	Additional	mortgage payme	ents for yo	our residence , such as ho	itte equity loans	5.	Φ	0.00

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		on H. Kwon ng U Kwon	Case nu	mber (if known)	2:13-bk-60091			
6. Utilities:								
	6a. Elec	ricity, heat, natural gas	6	a. \$	276.94			
	6b. Wat	r, sewer, garbage collection	6	o. \$	152.00			
	6c. Tele	phone, cell phone, Internet, satellite, and cable service	es 6	c. \$	278.00			
	6d. Othe	r. Specify:	6	d. \$	0.00			
7.		nousekeeping supplies	<u> </u>	7. \$	665.00			
8.	Childcare	and children's education costs	:	3. \$	75.00			
9.	Clothing,	aundry, and dry cleaning		9. \$	136.00			
10.	Personal of	are products and services	10	D. \$	181.00			
11.	Medical a	d dental expenses	1	1. \$	250.00			
12.		tion. Include gas, maintenance, bus or train fare.	4.	о ф	350.00			
40		ude car payments.	1:	· .				
		ent, clubs, recreation, newspapers, magazines, a			75.00			
14.		contributions and religious donations	1.	4. \$	480.00			
15.	Insurance	ude insurance deducted from your pay or included in	lines 4 or 20					
	15a. Life	, , ,		a. \$	29.00			
		th insurance		o. \$	0.00			
		cle insurance	15	· -	110.00			
		r insurance. Specify:	15		0.00			
16		not include taxes deducted from your pay or included		Ψ	0.00			
	Specify:	012 Federal Tax owed		6. \$	150.00			
17.		t or lease payments: payments for Vehicle 1	17	a. \$	0.00			
		payments for Vehicle 2	17		0.00			
	17b. Car 17c. Othe		17		0.00			
	17d. Othe		17		0.00			
18		ents of alimony, maintenance, and support that y		μ. ψ	0.00			
10.		rom your pay on line 5, Schedule I, Your Income		3. \$	0.00			
19.		nents you make to support others who do not live		\$	0.00			
	Specify:	,	19	9.				
20.	Other real	property expenses not included in lines 4 or 5 of	this form or on Schedule I:	Your Income.				
	20a. Mort	gages on other property	20	a. \$	0.00			
	20b. Rea	estate taxes		o. \$	0.00			
	20c. Prop	erty, homeowner's, or renter's insurance	20	c. \$	0.00			
	20d. Mair	tenance, repair, and upkeep expenses	20	d. \$	0.00			
	20e. Hom	eowner's association or condominium dues	20	e. \$	0.00			
21.	Other: Spe	cify:	2	1. +\$	0.00			
22.		hly expenses. Add lines 4 through 21. s your monthly expenses.	2	2. \$	4,547.94			
23.		our monthly net income.						
	23a. Cop	line 12 (your combined monthly income) from Sched	dule I. 23	a. \$	5,547.94			
		your monthly expenses from line 22 above.		o\$	4,547.94			
		ract your monthly expenses from your monthly incompesuit is your monthly net income.	e. 23	s. \$	1,000.00			
24.	24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.							
	☐ Yes.							
	Explain:							